

**FILED**

10/10/2007

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

JUL 28 2008

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MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT40  
Laurence W. Cusen  
Plaintiff

v.

\_\_\_\_\_  
Defendant(s)08CV4258  
JUDGE NORGLE  
MAG. JUDGE DENLOW

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT.

I, Laurence W. Cusen, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
 I.D. # 293734 Name of prison or jail: Jacksonville C C  
 Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: \$15.00
2. Are you currently employed? ☒ Yes ☐ No  
 Monthly salary or wages: \$15.00  
 Name and address of employer: Jacksonville C C 2268 East Horton AVE  
Jacksonville IL 62650
  - a. If the answer is "No":  
 Date of last employment: \_\_\_\_\_  
 Monthly salary or wages: \_\_\_\_\_  
 Name and address of last employer: \_\_\_\_\_
  - b. Are you married? ☐ Yes ☒ No  
 Spouse's monthly salary or wages: \_\_\_\_\_  
 Name and address of employer: \_\_\_\_\_
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date:

6/17/08


Signature of Applicant

LAWRENCE W. OUSEN  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

LAWRENCE OUSEN, N93734

**CERTIFICATE****(Incarcerated applicants only)****(To be completed by the institution of incarceration)**

I certify that the applicant named herein, Lawrence Ouse, I.D.# N93734, has the sum of \$ .46 on account to his/her credit at (name of institution) Jacksonville C.C.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further

certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.

(Add all deposits from all sources and then divide by number of months).

06/19/2008

DATE



SIGNATURE OF AUTHORIZED OFFICER

Roger Greenwood  
(Print Name)

Time: 3:28p.

## Jacksonville Correctional Center

## Trust Fund

d\_list\_inmate\_trans\_statement\_composite

## Inmate Transaction Statement

REPORT CRITERIA - Date: 12/01/2007 thru End; Inmate: N93734; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance  
 Errors Only ? : No

Inmate: N93734 Ousen, Lawrence

Housing Unit: JAC-01-04-10

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							1.60
12/14/07	Payroll	20 Payroll Adjustment	348115		P/R month of 11/2007	10.00	11.60
12/14/07	Mail Room	01 MO/Checks (Not Held)	348222	08461481372	Praznowski, T.	40.00	51.60
12/17/07	Disbursements	84 Library	351315	Chk #1687	120407, DOC: 523 Fund Library, Inv. Date: 12/04/2007	-4.00	51.20
12/17/07	Disbursements	84 Library	351315	Chk #1687	120407, DOC: 523 Fund Library, Inv. Date: 12/04/2007	-1.00	50.20
12/17/07	Disbursements	80 Postage	351315	Chk #1692	11162007, DOC: 523 Fund Inmate, Inv. Date: 11/16/2007	-4.10	49.79
12/17/07	Disbursements	80 Postage	351315	Chk #1692	121407, DOC: 523 Fund Inmate R, Inv. Date: 12/14/2007	-4.10	49.38
12/18/07	Point of Sale	60 Commissary	352763	531881	Commissary	-39.88	9.50
01/04/08	Point of Sale	60 Commissary	004721	533340	Commissary	-7.43	2.07
01/07/08	Mail Room	01 MO/Checks (Not Held)	007219	08461481392	Praznowski, T.	30.00	32.07
01/11/08	Payroll	20 Payroll Adjustment	011115		P/R month of 12/2007	10.00	42.07
01/22/08	Disbursements	90 Medical Co-Pay	022315	Chk #1965	121907, DOC: 523 Fund Inmate R, Inv. Date: 12/19/2007	-2.00	40.07
01/24/08	Point of Sale	60 Commissary	0247106	536457	Commissary	-18.21	23.86
01/28/08	Payroll	20 Payroll Adjustment	028115		Adv. SMIC, 1/2008	4.08	27.94
01/29/08	Point of Sale	60 Commissary	029766	537084	Commissary	-5.82	22.12
02/05/08	Disbursements	99 Transfer Inmate	036315	Chk #2034	Graham Correctional Center, Inv. Date: 01/31/2008	-22.12	.00
02/08/08	Payroll	20 Payroll Adjustment	039115		P/R month of 01/2008	.00	.00
04/01/08	Mail Room	04 Intake and Transfers In	092203	57610	Graham C.C.	28.60	28.60
04/03/08	Point of Sale	60 Commissary	094766	545564	Commissary	-12.00	16.60
04/03/08	Mail Room	01 MO/Checks (Not Held)	094222	08461481475	Praznowski, T.	20.00	36.60
04/09/08	Point of Sale	60 Commissary	100721	546182	Commissary	-32.32	4.28
04/11/08	Payroll	20 Payroll Adjustment	102115		P/R month of 03/2008	.34	4.62
04/16/08	Point of Sale	60 Commissary	107766	547398	Commissary	-4.40	.22
05/07/08	Mail Room	01 MO/Checks (Not Held)	128203	08-461481509	?, ?	20.00	20.22
05/09/08	Payroll	20 Payroll Adjustment	130115		P/R month of 04/2008	14.40	34.62
05/15/08	Point of Sale	60 Commissary	136721	551009	Commissary	-24.12	10.50
05/27/08	Point of Sale	60 Commissary	148766	552154	Commissary	-9.95	.55
05/29/08	Mail Room	01 MO/Checks (Not Held)	150222	08461481539	Praznowski, T.	20.00	20.55
06/02/08	Point of Sale	60 Commissary	154766	552655	Commissary	-18.14	2.41
06/13/08	Payroll	20 Payroll Adjustment	165115		P/R month of 05/2008	12.43	14.84
06/16/08	Point of Sale	60 Commissary	168766	553985	Commissary	-14.38	.46

Total Inmate Funds: .46

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: .46

Total Furloughs: .00

Total Voluntary Restitutions: .00